

SETTLEMENT CLAIM FORM

I agree to participate in the settlement of this action, *Fritz, et al. v. Corizon, Inc. et al.*, Case No. 6:19-CV-3365-SRB (W.D. Mo.). By signing below, and in exchange for my settlement payment, I certify that I hereby consent and agree to participate in the Settlement of this Lawsuit, that I am represented by Class Counsel and that I will be bound by the terms of the Settlement Agreement, including the release of wage and hour claims set forth in the Settlement Agreement and in the Notice of Class Action Settlement.

Signature: _____ Date Signed: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

**YOU MAY SUBMIT YOUR CLAIM IN THE ENCLOSED BUSINESS REPLY ENVELOPE OR BY
GOING TO THE FOLLOWING WEBSITE:**

www.corizonhealthsettlement.com

If you choose to submit your claim online, you will be asked to digitally sign a claim form.

**TO COMPLETE THIS FORM ONLINE, PLEASE GO TO THE SETTLEMENT ADMINISTRATOR'S
WEBSITE AND USE YOUR CPT ID: <<ID>> AND PASSCODE: <<PASSCODE>>**

THIS FORM, OR YOUR ONLINE CLAIM, MUST BE RETURNED AND/OR SUBMITTED TO THE
CLAIMS ADMINISTRATOR AND MUST BE POSTMARKED OR DIGITALLY SIGNED NO LATER
THAN MAY 9, 2022.

WE ADVISE YOU TO KEEP A COPY FOR YOUR RECORDS -- YOU MAY ALSO WISH TO MAIL
RETURN RECEIPT REQUESTED.